

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
4	/			/		
5	4			/		
6	3			/		
7	1			/		
8	3			/		
9	8			/		
10	1			/		
11	1			/		
12	1			/		
13	1			/		
14	1			/		
15	1			/		
16	1			/		
17	(1)			/		
18	1			/		
19	1			/		
20	1			/		
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TOTAL IND.			9			
TOTAL DEP.			12			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						